

DIOCESE OF GREENSBURG – CYO CONSENT FORM

(July 2011)

SPORT _____ SCHOOL/PARISH _____

ATHLETE'S NAME _____ BIRTH DATE (MM/DD/YY) _____

ADDRESS _____ ZIP _____

GRADE _____ AGE _____ HOME PHONE _____ CELL _____

PARISH REGISTRATION _____ CITY _____

SCHOOL ATTENDING _____

PRINCIPAL'S SIGNATURE (if attending Catholic school) _____

PASTOR/PAROCHIAL VICAR SIGNATURE _____

(if parishioner, must validate participation in CCD program

A physical examination of the athlete by a licensed physician must occur within one year of the athletic year. The athlete will be ineligible to participate in diocesan sponsored athletics unless the following certification is executed:

I certify that on _____, I conducted a physical examination of _____ and I find, to a reasonable degree of medical certainty that the athlete is physically able to participate in the athletic program named above.

Signature of Licensed Physician _____ Date _____

Address of Physician _____ Phone _____

(Parent and Physician): Are there any physical or other restrictive limitation which the team, league, and diocese should be aware of which might restrict the athlete's participation in the program? Yes _____ No _____

If yes, specify: _____

PARENT CONSENT:

My daughter/son has my permission to participate in the competitive sports in the Diocese of Greensburg Youth Ministry Athletic Programs with _____. I do hereby release and forever discharge the above mentioned team, and/or parish/school/athletic association or their successors from any/all actions or suits in law or equity which I might hereafter have by reasons of injuries sustained by my child participating in sports or in transit to or from participation in sports. I also understand that it is my responsibility to determine my child's physical and mental readiness to participate in the diocese of Greensburg Youth Ministry Athletic Program for this season. By signing this form we agree to abide by the Handbook of Policies, Rules and Regulations of the Diocese of Greensburg, which has been distributed to each program.

PRINT NAME OF PARENT/GUARDIAN _____ DATE _____

*SIGNATURE OF PARENT/GUARDIAN _____

*DENOTES REQUIRED SIGNATURES OF INFORMATION

INCOMPLETE FORMS WILL BE RETURNED TO THE COACH. THE ATHLETE WILL BE INELIGIBLE UNTIL THE FORM IS RECEIVED COMPLETED.